

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Pr | | 4-11-01 |
| O.I.P.E. CLASSIFIER | | 21 | 5/8/01 |
| FORMALITY REVIEW | MM | 920 | 05-16-01 |
| RESPONSE FORMALITY REVIEW | ll | 907 | 8-1-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 11/11/01 |
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| Claim | Date |
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DESI AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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05-17-01
 530-5533
 8/01/01